## **PCT**

## REQUEST

The undersigned requests that the present

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International Application No.	
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Applicant's or agent's (if desired) (12 characte	file reference ers maximum) A3232.WO.209		
S WITH RESPECTI	IVE CAPS		
on is also inventor			
the address indicated in this	Telephone No.		
AZIONARIA COSTRUZIONI MACCHINE AUTOMATICHE A.C.M.A. S.p.A.			
	Teleprinter No.		
•			
	Applicant's registration No. with the Office		
State (that is, country) ITALY	of residence:		
	the United States of America only the States indicated in the Supplemental Box		
THER) INVENTOR(S)			
the address indicated in this	This person is:		
	applicant only		
	applicant and inventor		
Via Monteverdi, 35 46047 PORTO MANTOVANO (Mantova) ITALY			
	Applicant's registration No. with the Office		
State (that is, country)	of residence:		
ITALY			
ted States except States of America	the United States of America only the States indicated in the Supplemental Box		
on a continuation sheet.			
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE			
s as:	agent common representative		
tity, full official designation. country.)	Telephone No. 051 6583311		
	Facsimile No. 051 6583400		
	Teleprinter No.		
	Agent's registration No. with the Office		
	Applicant's or agent's (if desired) (12 characted)  S WITH RESPECTION on is also inventor  Inity, full official designation. (the address indicated in this ence is indicated below.)  State (that is, country)  ITALY  ITALY  State (that is, country)  ITALY  State (that is, country)  ITALY  Led States except sindicated in this ence is indicated below.)  State (that is, country)  ITALY  Led States except states of America  On a continuation sheet.  E; OR ADDRESS FOR		

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
If none of the following sub-boxes is used, this sheet should not	be included in the req	ruest.	
Name and address: (Family namefollowed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  CAVALLARI Stefano Via del Meloncello, 5 40135 BOLOGNA		This person is:  applicant only  applicant and inventor  inventor only (If this check-box is marked, do not fill in below.)	
ITALY	!	Applicant's registration No. with the Office	
State (that is, country) of nationality:	State (that is, country, ITALY	of residence:	
This person is applicant all designated for the purposes of:	States except tes of America	the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entig The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence	e address indicated in this	This person is:  applicant only  applicant and inventor  inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office	
State (that is, country) of nationality:	State (that is, country,	) of residence:	
This person is applicant all designated for the purposes of:	States except tetes of America	the United States the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entit The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residenc	e address indicated in this	This person is:  applicant only  applicant and inventor  inventor only (If this check-box is marked, do not fill in below.)	
		Applicant's registration No. with the Office	
State (that is, country) of nationality:	State (that is, country,	of residence:	
This person is applicant for the purposes of:  all designated the United States all designated the United States		the United States of America only the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence	e address indicated in this	This person is:  applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office	
State (that is, country) of nationality:	State (that is, country)	of residence:	
This person is applicant all designated for the purposes of:  all designated the United States		the United States of America only the States indicated in the Supplemental Box	
Further applicants and/or (further) inventors are indicated or	n another continuation	sheet.	

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Sheet	Nα	J

Box No. V DESIGNATIONS				
	The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.			
However,				·
	esignated for any kind of natio	• •		
KR Republic of Korea	a is not designated for any kir	nd of national protection		
RU Russian Federatio	n is not designated for any ki	ind of national protection		
the national law, of an earlie	be used to exclude (irrevocable er national application from was s in these and certain other St	hich priority is claimed. Se		
Box No. VI PRIORITY	CLAIM			
The priority of the following	g earlier application(s) is hereb	y claimed:		
Filing date of earlier application	Number of earlier application		Vhere earlier application	is:
(day/month/year)	or owner application	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 17 July 2003 (17.07.2003)	BO2003A000432	ITALY		
item (2)				
item (3)				
Further priority claims	are indicated in the Suppleme	ntal Box.	· · · · · · · · · · · · · · · · · · ·	
	ested to prepare and transmit to led with the Office which for th			
	em (1) item (2)	) item (3)	other, se	ee Supplemental Box
* Where the earlier applicati Industrial Property or one M	ion is an ARIPO application, in tember of the World Trade Or	ndicate at least one country ganization for which that e	party to the Paris Conve	ention for the Protection of 'ed (Rule 4.10(b)(ii)):
		····		
Box No. VII INTERNAT	TIONAL SEARCHING AUT	CHORITY		
international search, indicate	arching Authority (ISA) (if the the Authority chosen; the two	wo or more International S -letter code may be used):	earching Authorities are	competent to carry out the
ISA / .EP	·			
Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):				
Date (day/month/year)	Numb	er Count	try (or regional Office)	
Box No. VIII DECLARATIONS				
The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable Number of check-boxes below and indicate in the right column the number of each type of declaration):  Number of declarations				
Box No. VIII (i)	Declaration as to the identity	y of the inventor		:
Box No. VIII (ii)  Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent:				
Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application				
Box No. VIII (iv)  Declaration of inventorship (only for the purposes of the designation of the United States of America)				
Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:				

Box No. IX CHECK LIST; I	LANGUAGE	OF FILING	
Box No. IX CHECK LIST; I  This international application con (a) in paper form, the following sheets:     request (including declaration sheets)     description (excluding sequence listing and/or tables related thereto)     claims     abstract	tains:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):  1.  fee calculation sheet 2.  original separate power of attorney 3.  original general power of attorney 4.  copy of general power of attorney; reference number, if any: 5.  statement explaining lack of signature 6.  priority document(s) identified in Box No. VI as item(s): 7.  translation of international application into (language): 8.  separate indications concerning deposited microorganis or other biological material 9.  sequence listing in computer readable form	: :
computer readable form; see (c) below)  Total number of sheets  (b)  only in computer readable (Section 801(a)(i))  (i)  sequence listing  (ii)  tables related thereto  (Section 801(a)(ii))  (i)  sequence listing  (ii)  sequence listing  (ii)  tables related thereto  Type and number of carriers (CD-ROM, CD-R or other) on we contained the  sequence listing:  tables related thereto:  (additional copies to be indicate items 9(ii) and/or 10(ii), in right	diskette, hich are	(indicate type and number of carriers)  (i) copy submitted for the purposes of international searn Rule 13ter only (and not as part of the international at (ii) conly where check-box (b)(i) or (c)(i) is marked in left conditional copies including, where applicable, the coppurposes of international search under Rule 13ter  (iii) together with relevant statement as to the identity of the copies with the sequence listing mentioned in left color tables in computer readable form related to sequence listing (indicate type and number of carriers)  (i) copy submitted for the purposes of international search Section 802(b-quater) only (and not as part of the international copies including, where applicable, the coppurposes of international search under Section 802(b) together with relevant statement as to the identity of the copies with the tables mentioned in left column other (specify):	pplication):  plumn)  py for the  the copy or  umn  granting  th under  trinational  column)  py for the  equater)  the copy or
Figure of the drawings which should accompany the abstract:  Box No. X SIGNATURE OF Next to each signature indicate the increase.	2 APPLICANT	Language of filing of the international application: ENGLISH , AGENT OR COMMON REPRESENTATIVE	
	(E	zio BIANCIARDI) - Agent  For receiving Office use only	m reading the request).
<ol> <li>Date of actual receipt of the pur international application:</li> <li>Corrected date of actual receipt timely received papers or drawin the purported international appli</li> </ol>	due to later bu		. Drawings: received:
<ol> <li>Date of timely receipt of the req corrections under PCT Article 1</li> <li>International Searching Authorit (if two or more are competent):</li> </ol>	1(2):	6. Transmittal of search copy delayed until search fee is paid	not received:
Date of receipt of the record copy by the International Bureau:		For International Bureau use only	

This sheet is not part of and does not count as a sheet of the international application.

## For receiving Office use only FEE CALCULATION SHEET International Application No. Annex to the Request Applicant's or agent's file reference A3232.W0.209 Date stamp of the receiving Office Applicant AZIONARIA COSTRUZIONI MACCHINE AUTOMATICHE A.C.M.A. S.p.A. CALCULATION OF PRESCRIBED FEES CHF 100,00 Т TRANSMITTAL FEE . . CHF 2.432,00 S SEARCH FEE ÉPÓ International search to be carried out by (If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.) 3. INTERNATIONAL FILING FEE Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets CHF 1.400,00 90,00 | i2 number of sheets fee per sheet in excess of 30 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)): i3 400 x fee per sheet Add amounts entered at i1, i2 and i3 and enter total at I . . . . (Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.) P 4. FEE FOR PRIORITY DOCUMENT (if applicable) 5. TOTAL FEES PAYABLE . . . . . . . . . . . . . . . 4.022,00 Add amounts entered at T, S, I and P, and enter total in the TOTAL box TOTAL MODE OF PAYMENT authorization to charge deposit account (see below) \_\_\_\_ postal money order cash coupons \_\_ cheque bank draft revenue stamps other (specify): AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all receiving Offices) Receiving Office: RO/\_IB Deposit Account No.: 18410 BUGNION Authorization to charge the total fees indicated above. (This check-box may be marked only if the conditions for deposit accounts July 14, 2004 of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. Name: Ezio BIANGIARD Authorization to charge the fee for priority document. Signature: